

The Massachusetts Department of Mental Retardation



GOVERNMENT DOCUMENTS
COLLECTION

NOV 2 1998

University of Massachusetts
Depository Copy

Annual Report

July 1, 1992 - June 30, 1993

Commonwealth of Massachusetts
William F. Weld, Governor
Executive Office of Health and Human Services
Charles D. Baker, Secretary
Department of Mental Retardation
Philip Campbell, Commissioner

Scenes of 1993

The Judge and the Governor sign the documents on the table before them. They smile and shake hands as applause echoes through Courtroom 3 of the U. S. Federal District Court. "Done," the Hon. Joseph Tauro says to Gov. William Weld and twenty years of federal court oversight of the Department of Mental Retardation comes to a successful end.

Jim lived with his mother on the North Shore. When his mother died suddenly, his family planned to have Jim move in with them, ten miles away from his hometown. His sister contacted the DMR to see if they could get Jim daily transportation back to his home community so he could keep his job.

After discussing the situation with the family and realizing the close ties Jim had to his hometown, his service coordinator and the family determined that Jim might be better off living in the apartment he had shared with his mother if he could receive some staff support. While waiting for this support, Jim's team provided a respite worker to assist him and to determine if he could live independently. Jim's family was very involved and helped out whenever a respite worker was not available.

Jim now has support 12 hours per week. With his family and DMR staff working together, he is doing very well. Jim lives in his own apartment, works every day and maintains the friendships he has always had in his town. He has even expanded his leisure interests through involvement in local community organizations.

An early April afternoon and the hills of Western Massachusetts glow with the promise of a New England spring. Four of the last residents to leave the Belchertown State School enjoy the midday sun coating the porch of their new home that was built especially for them. It has everything they need to live in the community.

This extraordinary moment would be an ordinary one for most people, and that's what makes it so special. In an instant, anyone can see how these four lives have changed for the better. It's in their smiles as they welcome visitors to their new home. It's in their gazes as they scan their neighborhood and experience the sensations of everyday life.

Commissioner's Message

Introduction

In the day-to-day flurry of activity that surrounds a state agency, there is little time to look back on accomplishments. An annual report presents just such a moment — a time for reflection on how far you have come and how much further you have to go. It is a time to savor successes, reflect on opportunities for improvement, measure progress, and set priorities for the future.

This past fiscal year, FY93, was a remarkable one for what was achieved by the Massachusetts Department of Mental Retardation (DMR). It was a fiscal year that recorded historically significant moments and system-wide improvements. The year saw continued growth and refinements in the services and programs we provide to our citizens with mental retardation.

FY93 saw the successful conclusion of 20 year old federal court consent decrees which oversaw the DMR, the first closing of a large facility that had housed hundreds of residents in institutional seclusion, the restructuring of our service delivery system so that people received services not based on

where they live but on what they need, and the dissemination of a new Mission Statement to staff and provider agencies across Massachusetts.

These accomplishments were achieved within the context of our basic Mission which is to provide a flexible array of sup-

potential, and become valued members of their communities.

This remains our primary objective in spite of all the other accomplishments listed in this report. We exist to serve people and their families, to compassionately provide high quality support and programs, and to create meaningful opportunities so that people

can learn new skills, make decisions, and develop as individuals. This is the central theme of the DMR's Mission Statement. It motivates our management and staff and directs us as we provide attentive assistance to the people we serve.

DMR FY93 Accomplishments:

- *Successful negotiation ending two decades of federal court oversight. A single nine-page order replaces all previous orders and recognizes full control for providing services to people with mental retardation should be returned to the state.*
- *Closing of the Belchertown State School, the first of a large institution for people with mental retardation in Massachusetts*
- *Development and implementation of a Unified Service System*
- *Restructuring and strengthening of Investigations Division*
- *Services and programs provided to an additional 1,000 consumers and families by the DMR in FY 93.*

ports and services that meet the individual needs of more than 20,000 people with mental retardation. Mental retardation is a chronic, lifelong disability. As society has advanced, there has been increased understanding and recognition of the fundamental human rights to which people with mental retardation are entitled. It is our responsibility to offer the support and assistance so that people with mental retardation can achieve fulfilling lives, reach their full

FY 1993

A major milestone in the history of how Massachusetts provides services to people with mental retardation occurred on Tuesday afternoon, May 25, in Federal District Court in Boston. Judge Joseph L. Tauro and Gov. William Weld signed an order that formally ended two decades of involvement with federal court consent decrees. The decrees governed how the state provided care and services to its citizens with mental retardation. The

signing represented a recognition from the federal court that full control for providing these services should be returned to the Commonwealth.

In March 1992, the DMR accelerated its legal efforts to seek disengagement from the consent decrees arguing that it had met the conditions of the orders and it was the proper time to return the authority for managing these programs to the state.

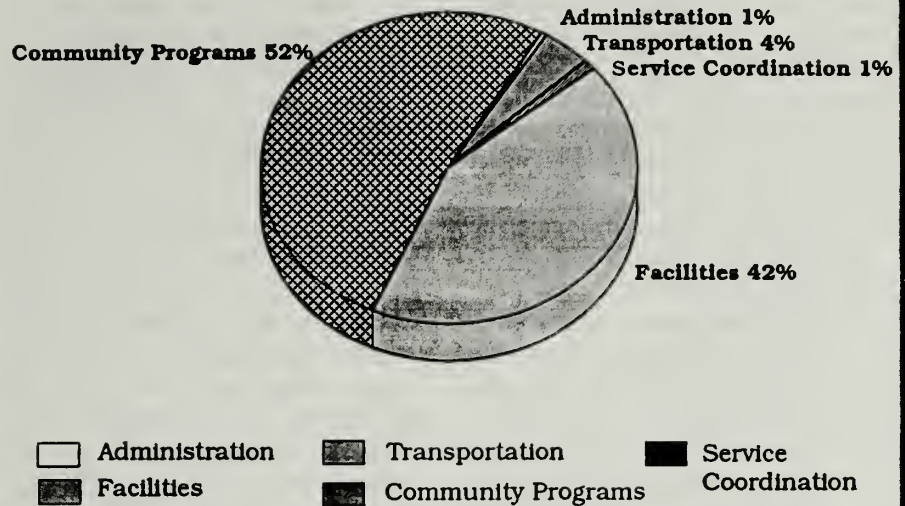
The order was the product of several months of intense negotiations between the DMR, the plaintiffs, and Judge Tauro. The order, which was agreed to by all parties, ended all previous orders and court supervision of DMR services. In their place, a short, nine-page order was enacted which established clear provisions on how Massachusetts will manage its system of services. It also mandates lifetime services to

"We are confident that we will meet the conditions of the 1993 Order and improve upon the quality of services and programs we provide."

persons who were part of the original litigation.

As part of the agreement, Gov. Weld signed an executive order that called for the establishment of the Governor's Commission on Mental Retardation. This nine-member citizen committee will monitor the performance and quality of care the state provides to people with mental retardation. It will also advocate for this constituency and resolve issues that cannot be settled through existing channels.

DMR FY93 Spending by Category



Both sides praised the fairness of the final order that brought this long litigation to a successful conclusion. We clearly recognize the weight of responsibilities this 1993 Order places on the Department. However, based on our track record of achievement in providing high quality services to the vast majority of consumers who were not part of this court action, we are confident that we will meet the conditions of the order and improve upon the quality of services and programs we provide.

On Dec. 31, 1992, we closed and locked the door on the 70-year history of the Belchertown State School. More than 200 parents, guardians, former residents, advocates, and staff returned to the school for the morning ceremony that marked the first closing of a large institution for persons with mental retardation in Massachusetts. Charles D. Baker, Secretary of Health and Human Services, Ruth Sienkiewicz-Mercer, and Dr. Benjamin Ricci served as keynote speakers.

The day served as the final point in a methodical three-year process that led to the phase down of the Belchertown facility. At the time the closing was announced, there were 270 residents of the school. All of these people moved to a wide array of smaller, homes in community settings. These moves would not have been possible without the full cooperation of consumers, families, DMR staff, local community officials, private provider agencies, and advocates.

The success of the Belchertown phase down was clearly illustrated in a survey by an independent Cambridge research firm that found that the vast majority of former Belchertown residents, families, and guardians were very satisfied with their new community residences. The survey showed that the majority of people who answered the survey felt their loved ones were happier and had more opportunities for choice in their new homes.

Another important benefit of the Belchertown closing has been the provision of additional services to people living in the community and in need of service. Almost \$35 million has been transferred out of the Belchertown State School budget to Community Services.

In keeping with the recommendations of Gov. Weld's Commission on Facility Consolidation, we closed the Foxboro campus of the Wrentham State School on May 14. This move placed some 60 former institutional residents into new community programs. We also continued with our plans to phase down and close the J. T. Berry Rehabilitation Center in North Reading, and the Paul A. Dever State School in Taunton. To meet the expressed desires of many facility residents who request community placement, we have downsized and reduced our census by 346 at other state facilities.

Mission Statement and Staff Development

A major effort this year centered on making the Department's new Mission Statement (see back inside cover) a visible and viable part of everyday DMR life. Last year, with the help of parents and staff, we carefully drafted this statement to capture who we are and the principles we follow. The one-page document sets the tone for the agency and defines how the DMR and private provider agencies should interact with families and consumers. Our goal this year was to disseminate this message statewide and make it an integral part of our operations. We used a wide array of media to promote the Mission Statement; posters, newsletters, wallet-size cards, audio-visual materials to show its importance and increase understanding. It is encouraging to note that a recent employee survey showed that a high percentage of our staff felt that the Department had

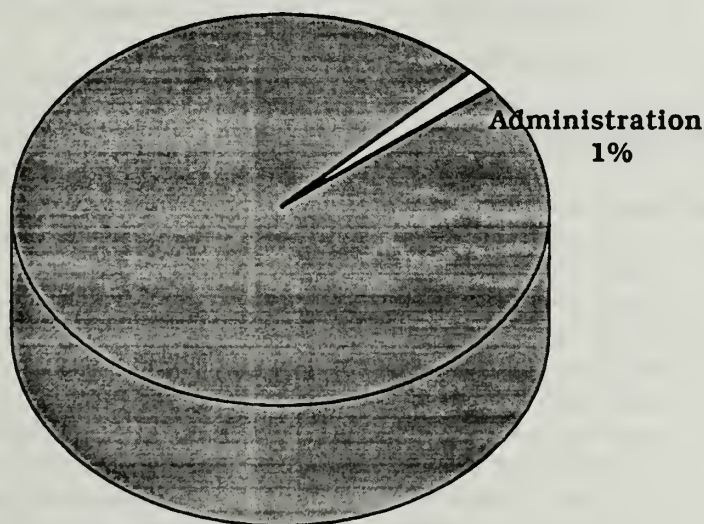
a clear sense of mission and purpose.

The Mission Statement set the foundation that allowed us to progress towards a new philosophy in how we provide programs and services to our consumers. In September 1992, we began a major initiative to shift the DMR to a unified service system. Our goal was to evolve towards a system of service that provided support based on the person's needs and desires rather than where the person lived. By placing a greater emphasis on consumer satisfaction, we planned to create more opportunities for independence and achievement that come from living in community settings.

The course of this year has shown the wisdom of this progression to a unified system. We saw more efficient use of resources and savings through consolidation as large facilities became a part of our regional systems. We opened four area offices across the state to help more consumers access our system. We have strengthened our local case management team offices. There was increased sharing of expertise, staff, equipment and services between facilities and the community. This shift was accomplished by making use of existing fiscal resources. The dollars to fund these additional services were realized through savings by consolidating administrative functions and reducing duplication.

The move to a unified service delivery system also created the need for a realignment in senior management so that assistant commissioner roles more closely reflected the new system. Mary Cerreto, PhD, assumed a new role as Assistant Commissioner

DMR's administrative expenditures represent only 1% of the total budget



Direct Services* 98%

***includes all facility based expenditures**

of Quality Enhancement, to support our emphasis towards improving the quality of supports and services the DMR provides.

Michael Kendrick joined the Department as Assistant Commissioner for Program Development. In this position, he will be responsible for bringing structure and strategic planning towards the development of supports and services that truly meet individual needs.

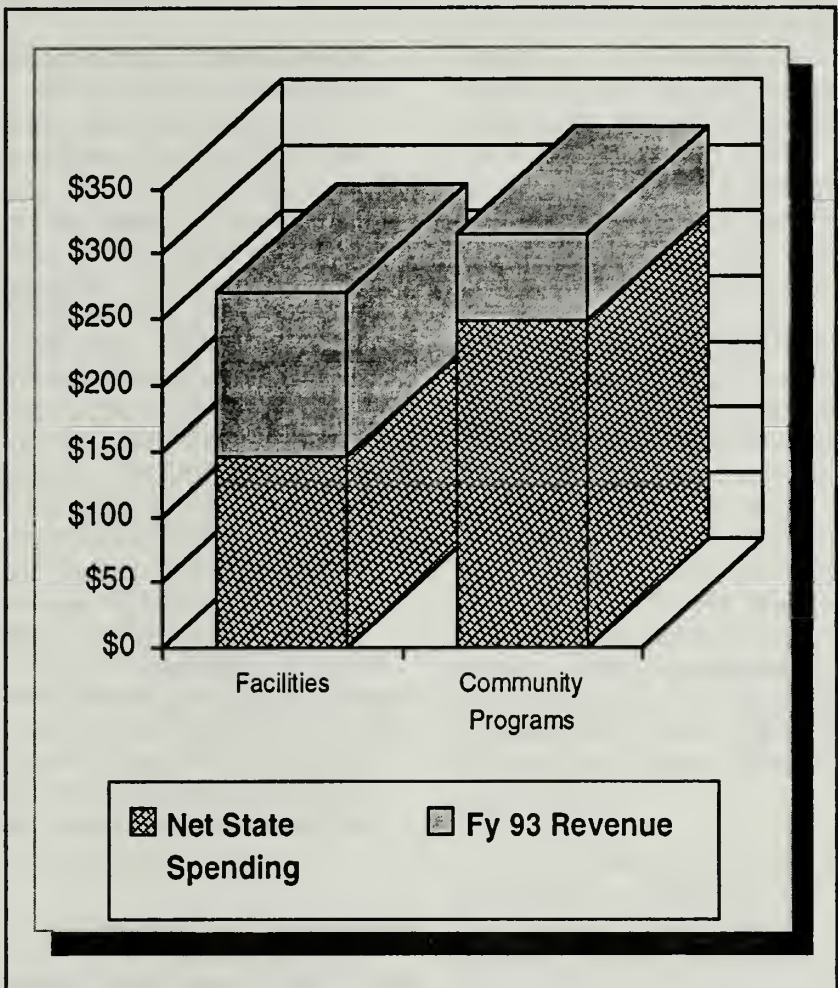
TQM

In this past year, we introduced Total Quality Management (TQM) throughout the agency. Over the last decade, the public and private sectors have used TQM extensively. It has established a positive track record for improving efficiency, productivity, employee morale, and market share. In very basic terms, TQM is a philosophy that focuses on continuous quality improvement within an organization. There are increased opportunities for management and staff participation in the decision-making process. An essential element of the TQM process is feedback from customers, both internal and external to the organization and from other interested parties.

TQM was introduced to the Department throughout the year in various training sessions. At these sessions, participants learned the basic concepts and practiced techniques on how to work as a team to analyze and creatively solve specific problems. They also learned strategies that would encourage quality practices to permeate through their areas of responsibility. Smaller work groups examined specific focus areas such as; policies and procedures, unification, training, eligibility requirements, communications, and regulations.

DMR FY 93 Net State Spending

(millions of dollars)	Facilities	Community Programs
Fy 93 Spending	\$270	\$314
Fy 93 Revenue	\$124	\$66
Net State Spending	\$146	\$248



There have already been positive outcomes from this experience. The teams designed a standardized update process for the consumer registry system. They instituted a system wide computerized mailing process. They rewrote and updated policies and procedures. A Public-Private Quality Team, made up of representatives from the Mass Association of Rehabilitation Facilities and the M. R.

Provider's Council, was formed to identify common areas between facility and community programs and to improve the DMR's purchase of service system. A purchase of service tracking system was implemented which produces detailed bi-monthly reports to senior management. Cross-functional work groups — one of the major tools of TQM — have sprung up throughout the department.

We believe TQM will increase accountability, productivity, and empower employees. Our training and development efforts will focus on creating curricula that identify basic competencies staff and management should possess. These competencies would include values, basic knowledge of health and safety, investigations, abuse reporting, social relationships, human rights, community involvement, skill development and independence, as well as a basic understanding of regulations and systems issues.

A key component part of TQM called for a statewide survey to measure the attitudes and opinions of DMR employees. The confidential survey, one of the first to measure attitudes of state workers, provided an honest assessment about how our staff felt on issues, what our strengths were, and where we can improve. Some of the positive findings were that the majority of our state workers like their job, are proud of the work they do, and feel they make a positive impact on the lives of the people they serve.

Our ultimate goal is to empower staff to be creative so that they can develop practical, innovative, and individualized services to meet the expectations of the people we serve.

Training

Training and keeping our staff up-to-date on the latest advances and best practices in the field received greater significance this year. We added a Director of Training to coordinate and revitalize the training programs. In March, we held a statewide Case Management Team Conference that brought together staff from facilities and the community system to search for ways to enhance the quality of

our services in community settings. More than 700 professionals attended the day-long conference that sought to examine problem areas, enhance interagency communication, empower CMT offices, standardize best practices, and create more linkages between facilities and the community.

Investigations strengthened

We continued our efforts to reorganize, restructure, and strengthen our Investigations unit. The unit now has some 30 professional field investigators who concentrate solely on investigations. We hired Richard Cohen, who is an attorney and possesses a distinguished background of accomplishment in investigations, monitoring, and advocacy, as Director of Investigations. The Unit reports directly to my office and investigates allegations of abuse, misconduct, and neglect. It investigates an average of 2,500 complaints per year, works closely with law enforcement agencies to secure prosecutions, and DMR management to take remedial action to prevent abuse from occurring. We have also greatly increased the training opportunities for investigators.

I am confident that the steps we have taken to strengthen investigations have brought more integrity, independence and professionalism to the division. The unit is much more proactive in uncovering abuse and neglect, identifying systemic problems, and bringing the guilty to justice.

Cost savings

Bringing in private firms that specialize in providing a specific service has been a revolutionary concept in Massachusetts government over the last few years. DMR has been in the forefront of

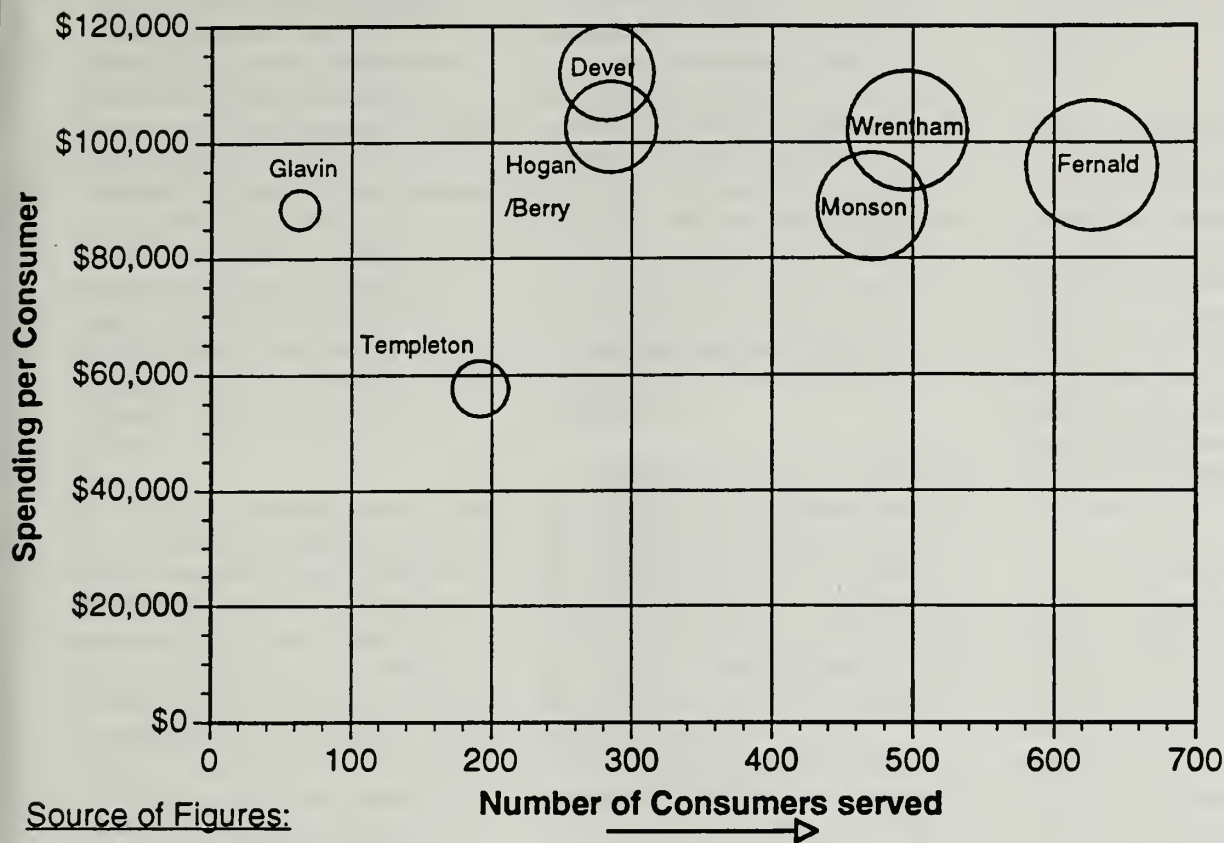
this change. For more than 20 years, DMR has worked with private provider agencies contracting for a broad range of quality services. The Department has established these links as the emphasis shifted to the community as the proper setting for providing services.

We took definitive steps in this past year to save taxpayer dollars by consolidating our workforce and bringing in private businesses to run services that are better positioned and equipped to provide these specialized services. In September, we specialized the dietary and housekeeping services at the Fernald State School. This action resulted in a \$900,000 savings. Based on the comments and testimony of families and residents, the overall cleanliness has greatly improved and the quality and variety of menu offerings have been enhanced since the switchover occurred. The impact on former dietary and housekeeping staff was minimized; — 42% transferred to other positions, 19% took jobs with the new provider, and 15% left through attrition. Only 23% were laid-off.

After tracking the success of this initiative, I directed that a comprehensive study be done to examine the feasibility of specializing dietary and housekeeping at all large DMR facilities. This process analyzed potential cost savings, improvements to service, and any impact on staff. Residents of these facilities, management, dieticians, legal and fiscal staff and outside technical support were part of the study team.

This team concluded that the DMR could save \$12 million over a 23-month period and significantly improve the quality of service by privatizing dietary and

DMR FY 93 Facility Spending Per Consumer, Number of Consumers Served



Facility	# Consumers	Spending/Consumer	FY 93 Spending
Monson	471	\$88,883	\$41,863,713
Glavin	63	\$88,480	\$5,574,240
Hogan/Berry	285	\$102,656	\$29,256,962
Fernald	627	\$95,872	\$60,111,961
Dever	282	\$111,868	\$31,546,898
Wrentham	496	\$101,927	\$50,555,974
Templeton	192	\$57,623	\$11,063,604

*
 These figures reflect DMR operational costs only.

housekeeping services at the Hogan Regional Center, the Dever State School, Wrentham State School, Glavin Regional Center, and the Monson Developmental Center. These dramatic savings tied with the success of the experience at Fernald led to our decision to specialize these services at these facilities in August, 1993. We will aggressively look at other areas where we can save fiscal resources and improve service in the year ahead.

While privatized services have increased in the past year, we also recognized the importance of having safeguards in place to ensure that private firms follow proper business practices and provide quality service and safe, comfortable environments for the people we serve. We took decisive action cancelling contracts with several firms whom we felt were not living up to our standards. Regional offices worked very hard to make sure there was a smooth transition for consumers as new agencies took over.

The DMR became the first agency to use a new law that authorizes human service agencies to legally suspend a provider from doing business with the state. As the result of our initiative, the provider in questions entered into a settlement agreement with the state in which principals and board members of the company resigned, the firm was restructured, and services to consumers were not disrupted.

Workers Comp Costs Drop

The year saw significant gains in our ongoing efforts to reduce workers' compensation costs. Two years ago, I set a goal for our personnel division to cut these costs in half by FY94. We met this objective on July 1, 1993. We did it by implementing

corporate strategies, following aggressive case management, pursuing successful litigation and legal strategies, enhancing proactive risk management, and increasing on-the-job safety training. These efforts resulted in a 36.5 per cent decrease in our workers' compensation costs for this fiscal year. The dollars that we save on these costs are dollars we can more properly use to provide more services to consumers.

There was a drop of 31.3% in the number of employees receiving worker's compensation benefits this year. Since 1990, the DMR has reduced the number of employees on injured leave from 989 in 1990 to 506 on June 30, 1993, a drop of 483 employees over three years. This achievement required the attentive work of staff in our workers' compensation division, our legal department, risk management personnel, and other departments. Our efforts have gained the attention of national audiences. Representatives of the Department have been invited to speak at the Second Annual

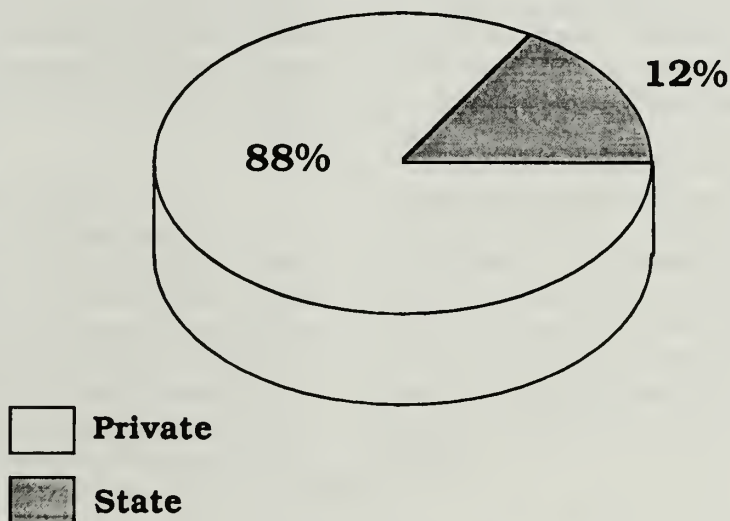
Workers' Compensation Conference that will be held in Chicago in November.

Other achievements

This year, our legal department began the lengthy process of rewriting, revising, and reorganizing the entire set of DMR regulations. This was the first revision of the regulations since the DMR split from the Department of Mental Health in 1987. After extensive review, the regulations were put out for public comment at statewide hearings in May and June.

We also celebrated the opening of the Howe Library at the Fernald State School. Although modest in its beginnings, our goal is to create a library that will serve as a central research facility that contains information on the history and treatment of people with mental retardation. Already its holdings contain one of the most complete collections of books, writings, periodicals, and archival material on these topics in the world. The Department was honored to receive the library, writings, research and

Private contractors provide services to 88% of the people DMR serves



collections of Drs. Gunnar and Rosemary Dybwad. Their contributions represent a significant acquisition for the Howe Library. The extensive Dybwad collection will prove invaluable to scholars and researchers in the years ahead.

For the second year, we sponsored the Urban Youth Collaborative Program, an initiative that provides summer jobs to high school and college-age students. The program places these students in eight-week, full time summer employment providing care, services, and assistance to consumers. It introduces students to human service careers, provides practical on-the-job experience, and creates a talent pool of experienced applicants to fill positions in human service agencies.

This year we expanded the Urban Youth Collaborative to three additional urban areas. We sponsored programs in Springfield, Worcester, and Lawrence working with private provider agencies. Some 80 students participated in this year's summer jobs program providing a wide range of services, companionship, and assistance to people with mental retardation.

The DMR began a highly successful and innovative initiative to help people stay in their own home when a crisis occurs and avoid a move to a nursing home. Under the program, 183 individuals received a flexible range of supports that enabled them to remain at home among their loved ones and friends. On average, only \$2,600 per person was spent to keep them at home, a figure that is significantly less

than a nursing home stay.

We also heightened efforts to move persons who had been inappropriately placed in nursing homes. In FY 93, we moved 21 people who had expressed their desire to leave their nursing homes. All of these individuals moved to smaller, more homelike settings in the community. These moves support consumer and family preferences, and improve the quality of life for the

"A 'Consumer Driven' system places emphasis on individual needs and preferences. It creates an array of supports, housing options, training, and services that are custom-fit to a person's needs and desires."

consumer.

This year, several regions across the state strengthened their efforts to reach out to a wider range of cultures. Several areas have developed multi-cultural programs to increase awareness and offer assistance to families of minority communities. Successful programs that serve Hispanic, Asian, and Portuguese populations are underway in several areas of the state including Springfield, Lawrence, New Bedford, and the Metro Boston area.

Conclusion

As a Department, we are proud of the progress we have made. Yet, we recognize there are still challenges ahead of us. Our achievements would not have been possible without the dedication, innovation, and determination of people with mental retardation, their parents,

guardians, advocates, and DMR staff. Parents, in particular, deserve special mention for their tireless advocacy over the years to improve conditions and for their important role in assisting and advising the DMR

These completed tasks, though, pave the way to a more important goal; — to turn our service system into one that is truly *consumer driven*. The first guiding principle of our Mission Statement promotes "the right of people with mental retardation to exercise choice and to make meaningful decisions in their lives."

In the past, there may have been a tendency to fit people into a set menu of program and service offerings. A *consumer driven* approach places emphasis on individual needs and preferences. It creates an array of supports, housing options, training, and services that are custom-fit to a person's needs and desires.

We met many objectives in FY93 that helped us to evolve towards a *consumer driven* system. Our Mission Statement, our unified service system, TQM, strengthening family support and respite services all exemplify this progress. Our next phase of concern will be to devise a service system that recognizes that people can define their own needs and preferences regarding daily routines, personal goals, and lifestyle. These choices should include but not be limited to where they work, who their friends are, and who they live with. These components will be built into our new system of service.

Consumer driven means that individuals and their families learn and exercise their right to speak out for themselves so they can make decisions about their lives and the services they receive.

DMR and private provider staff must recognize the human dignity of the people they serve and their right to be respected and listened to. Consumers must be fully informed and assisted in identifying all available options in every aspect of their lives in an unbiased, relevant way.

All persons with disabilities should be able to exercise personal control over a flexible range of services the Department offers. Persons, even with the most

profound disabilities, can demonstrate their ability to choose in many aspects of life such as diet, how and where they live, friendships, and other areas.

These are the criteria, consistent with our Mission Statement, we will use as we evolve more completely to a *consumer driven* system. Put simply with an assist from the retail world, "An informed consumer is the best consumer." If people and families understand their needs, are treated with dignity and respect, listened to, and can select from a varied and flexible range of options, they will make the best choices that fit their lifestyle and preferences.

FY93 will be remembered as a time when many things came

to an end. More accurate reflection, though, should recall it as a year when many worthwhile programs and services began, as we have catalogued in this Annual Report.

As a human service agency we are proud that the year recorded our milestones of progress. It was a year when more families and consumers received services, a time when consumers and families had more options to choose from, when Massachusetts placed increased emphasis on the rewards of community living, and when there was greater recognition for the dignity and rights of persons with mental retardation

*Philip Campbell
Commissioner*

Senior Staff

Frederick M. Misilo, Jr., JD
Deputy Commissioner

Mary Cerreto, PhD
*Assistant Commissioner
for Quality Enhancement*

Michael Kendrick
*Assistant Commissioner
Program Development*

William Hetherington
*Assistant Commissioner
Management and Finance*

Kim E. Murdock
General Counsel

Regional Directors:

Steven Bradley, *Region I - West*; Diane Enochs, *Region II - Central*;
Dorothy Mullen, *Region III - North*; Richard O'Meara, *Region V - South*;
Jeffrey Kielson, *Region VI - Metro Boston*

Statewide Advisory Council

Frank Donnelly
Arlington, Chariperson

Charlotte Alterson
Lexington

Anne Howard
Wellesley

Pauline Litchfield
Duxbury

Gertrude Pulsifer
Abington

Lucie Chansky
Newton Centre

Jon Johanson
Roslindale

Archie Manoogian
South Byfield

Rose Stone
Kingston

Peter Dulchinos
Chelmsford

Marty Kraus
Brandeis University

Norman Mercer
Northampton

Jody Williams
*Mass Developmental
Disabilities Council*

Department of Mental Retardation at a Glance

as of June 30, 1993

	<u>1992</u>	<u>1993</u>
Total Budget for Department	\$601.4M	\$649.7M
Number of Employees (FTE's)	10,300	9,800
Percentage of Budget going directly to client services	97.8%	99%
Number of People Served:	21,000	22,000
Number of Programs	1,210	1,270
Number of people in community residential programs	5,579	6,038
Number of people with mental retardation living with their families	6,291	7,024
Number of people living in the state schools	2,700	2,354
Number of education and training programs:	112	116
Number of supported employment programs:	83	92
Number of people in supported employment programs:	1,403	1,639
Number of people in other day programs:	6,774	7,307
Number of people competitively employed:	637	665
Number of people transitioned to competitive employment this year	51	23
Number of people receiving respite care:	7,550	8,026
Number of people in specialized home care:	412	435
Number of families with children under age 22 receiving family support	4,700	5,298
Number of people receiving transportation services:	8,809	9,107
Number of families receiving support services:	10,991	12,382
Number of providers contracting with the DMR:	356	370

Regional Offices

as of June 30, 1993

Region I - West **Community Service Center West**

1537 Main Street
Springfield, MA 01103
(413) 731-7742

Franklin/Hampshire
One Roundhouse Plaza
Northampton, MA 01060
(413) 586-4948

Berkshire
333 East Street
Pittsfield, MA 01201
(413) 447-7381

Holyoke/Chicopee
100 Front Street
Holyoke, MA 01040
(413) 535-1022

Springfield/Westfield
66 Industry Avenue
Springfield, MA 01104
(413) 737-6893

Region II - Central **Community Service Center Central**

Glavin Regional Center
214 Lake Street
Shrewsbury, MA 01545
(508) 845-9111

Middlesex/West
114 Turnpike Road
Westboro, MA 01581
(508) 792-7890

South Valley - Milford
14 Greenleaf Terrace
Milford, MA 01757
(508) 792-7749

North Central
285 Central Street
Leominster, MA 01435
(508) 840-1745

Newton/South Norfolk
1416 Providence Hwy
Norwood, MA 02062
(617) 769-2203

South Valley
44 Southbridge Road
Dudley, MA 01571
(508) 792-7756

Worcester
Midtown Mall
22 Front Street
Worcester, MA 01614
(508) 792-7545

Region III - North **Community Service Center North**

Hogan Berry
Regional Center
Hathorne, MA 01937
(508) 774-5000

Lowell
365 East Street
Tewksbury, MA 01854
(617) 727-3859

Merrimack Valley
One Main Street
Merrimac, MA 01860
(617) 727-0835

Central Middlesex
20 Academy St.
Arlington, MA 02174
(617) 727-4092

Metro North
27 Water Street
Wakefield, MA 01880
(617) 727-6717

North Shore
20 School Street
Lynn, MA 01902
(617) 727-7054

Region V - South **Community Service Center South**

68 North Main Street
Carver, MA 02330
(617) 727-9088

Taunton/Attleboro
75 1/2 East Main Street
Norton, MA 02766
(617) 727-3061

Brockton/South Coastal
1221 Main Street
South Weymouth, MA
02190
(617) 727-3094

Cape Cod/Islands
60 Park Street
Hyannis, MA 02601
(617) 727-6044

Fall River
49 Hillside Street
Fall River, MA 02720
(617) 727-7244

New Bedford
908 Purchase Street
New Bedford, MA 02740
(617) 727-5409

Plymouth
68 North Main Street
Carver, MA 02330
(617) 727-9088

Region VI - **Metro Boston Community Service Center Boston**

160 N. Washington Street.
Boston, MA 02114
(617) 727-5608, ext. 412

Bay Cove
600 Washington Street
Boston, MA 02111
(617) 482-1251

West Boston/ Brookline
1208 VFW Parkway
W. Roxbury, MA 02132
(617) 325-1155

Charles River West
255 Elm Street
Somerville, MA 02144
(617) 727-0185

Dorchester/Fuller
85 East Newton Street
Boston, MA 02118
(617) 266-8800, ext. 417

Harbor
160 N. Washington Street
Boston, MA 02114
(617) 727-5608, ext. 500

Facilities
Paul A. Dever
State School
Taunton, MA
(617) 727-6501

Walter E. Fernald
State School
Waltham, MA
(617) 727-9593

Irving A. Glavin
Regional Center
Shrewsbury, MA
(508) 845-9111

Hogan/Berry
Regional Center
Hathorne, MA
(508) 774-5000

Monson
Developmental Center
Monson, MA
(413) 283-3411

Templeton
Developmental Center
Baldwinville, MA
(508) 939-2161

Wrentham
State School
Wrentham, MA
(617) 727-1925

Mission Statement

The Department of Mental Retardation is composed of people dedicated to creating, in cooperation with others, innovative and genuine opportunities for individuals with mental retardation to participate fully and meaningfully in, and contribute to, their communities as valued members.

Guiding Principles

The Department of Mental Retardation shall conduct itself according to the following guiding principles:

- promote the right of people with mental retardation to exercise choice and to make meaningful decisions in their lives;
- respect the dignity of each individual through vigorous promotion of the human and civil rights which, in part, strives to keep people free from abuse or neglect;
- ensure that adequate services and flexible resources are non-intrusive, cost effective and provided by qualified, trained personnel to meet individual needs and preferences;
- empower individuals and their families to speak out for themselves and others, initiate ideas, have choices and make decisions about needed supports;
- recognize that ethnic and cultural diversity of each individual must be valued and respected;
- enhance public awareness of the valuable roles persons with mental retardation assume in society through promotion of physical and social integration;
- support the dignity of achievement that results from risk-taking and making informed choices;
- recognize that realizing one's potential takes courage, skills, and supports;
- provide entry to services through a single, local and familiar community setting;
- operate according to accepted management practices;
- recognize that services providing meaningful benefits to individuals require a commitment to ongoing monitoring and evolutionary change.



Commonwealth of Massachusetts
Department of Mental Retardation
160 North Washington Street
Boston, MA 02114
(617) 727-5608